

Name of Person Filling Out:

Date:

		EVIDENCE				EVIDENCE	
		YES	NO			YES	NO
STANDARD 1				Diabetes registry is updated annually			
LEVEL 1				Organizational chart shows placement of diabetes education program			
Team members are identified and meetings are started				Program Manual is completed:			
Diabetes registry is in place				Signed by the appropriate personnel/departments			
Administration considers diabetes education program within the organizational chart				There is a process in place for manual review and update			
Program manual started; content includes:				Approval mechanism is documented for program & policy changes			
Mission statement				LEVEL 3			
General description of the education program				Team is expanded to include educational, clinical and public health focus			
Written statements documenting:				There is evidence of integration of medical and educational standards of care			
Team approach as integral component of diabetes education program				Team minutes reflect a coordinated approach between clinical, educational and community health care systems			
Administrative Commitment and support for team meetings, diabetes education instructors/staff, instructional time, preparation, implementation and evaluation.				Diabetes registry is expanded to include general registry & complications (annual updates). Other registries are developed to help track target populations (lipids, B/P, gestational, etc)			
Tribal Commitment and support for diabetes education program.				Organizational chart shows placement of diabetes program			
Policies				Resources for integrated diabetes program continue to be identified and provided			
Other program documentation				Program Manual is expanded to include administrative, clinical and public health components. Manual also includes written statements re:			
LEVEL 2				Diabetes team commitment to integrated approach to diabetes care and education			
Team meets on a quarterly basis (minimal, monthly recommended)				Administrative Commitment and support for integrated diabetes program			
Team meetings are documented. There is evidence of all the following:				Tribal Commitment and support for integrated diabetes program			
Team member roles and responsibilities				Program manual is used to orient new staff			
Communication among team members (critical issues tracked)							
Coordinated and consistent approach to interpreting basic diabetes concepts							
Acceptance of basic diabetes education standards							
<p><i>Comments:</i></p>							

		EVIDENCE				EVIDENCE	
		YES	NO			YES	NO
STANDARD 2				LEVEL 3			
LEVEL 1				Community based and clinical diabetes programs are evident			
Tasks needed to develop the education program are identified				Program goals and objectives are expanded to include community and clinical based diabetes prevention and management			
Community assessment for diabetes education needs completed				Goals/objectives are based on community assessment (audits, community forums, etc.)			
Diabetes education program goals are identified				Resources for integrated diabetes program continue to be identified and provided			
Target population identified				Access to programs and services is defined			
Resource requirements identified:				Marketing strategies are developed to inform consumer of services			
Ongoing diabetes related training				There is a system which tracks lost to follow-up (education and clinical) and utilization of follow-up services			
Budget				STANDARD 3			
Space					LEVEL 1		
Instructional material					A system is established to seek program advice from:		
LEVEL 2					Medical and health professionals		
Educational Program Goals & Objectives are established annually:				Tribal leaders/administration			
Realistic and measurable				Community			
Consistent with target population needs (information from diabetes registry, consumers, audit data, evaluation used to develop goals and objectives)				LEVEL 2			
Team minutes reflect tracking/progress towards meeting goals/objectives				There is evidence that advisory groups (medical, tribal leader/administrative/community and other stakeholders) provide reviews and input to diabetes education team on an annual basis (minimal, ongoing preferred)			
Resources for diabetes education program continue to be identified and provided							
Consumer access to education program is defined							
Comments:							

	EVIDENCE			EVIDENCE	
	YES	NO		YES	NO
(Standard 3, Level 2 Continued)			Coordinator's position description and annual employee evaluation reflects roles and responsibilities		
Appropriate advisory to review diabetes self-management program:			Coordinator documents CEU activity-minimum of 12 hours/2yr in diabetes, behavioral interventions, teaching/learning, counseling/communication, or administrative management		
Education program structure, resources, curriculum and other materials					
Program plan; goals/objectives, target audience, evaluation					
Program evaluation/outcome reports					
Community marketing needs/approaches			LEVEL 3		
LEVEL 3			Coordinator's role expands to include education, clinical and public health components of diabetes program		
There is evidence that advisory groups (medical, tribal leader/administrative/community and other stakeholders) provide reviews and input to diabetes team on an annual basis. Appropriate advisory to review diabetes education, clinical and public health practices			Coordinator leads or helps with diabetes care and education outcome audits and diabetes surveillance system monitoring		
There is evidence that policy recommendations have been forwarded to the administrative unit			Coordinator's position description and annual employee evaluation reflects roles and responsibilities		
STANDARD 4			STANDARD 5		
LEVEL 1			LEVEL 1		
Coordinator's education and experience are documented			Diabetes education program instructor(s) credentials, roles and responsibilities are documented		
Coordinator's position description is started, outlining role, responsibility and line of authority			LEVEL 2		
LEVEL 2			Instructors maintain diabetes education services for target population based on identified needs		
There is evidence that coordinator manages educational team efforts (assessment activities, development of goals & objectives, planning, implementation & evaluation)			Instructors use a variety of teaching learning methods (evidence in curriculum, teaching plans)		
<i>Comments:</i>					

		EVIDENCE				EVIDENCE	
		YES	NO			YES	NO
(Standard 5, Level 2 Continued)				LEVEL 2			
There is evidence of team review and approval of education materials and teaching methods/activities				Curriculum and educational resources are in place and reviewed every other year by instructional team			
LEVEL 3				Interpreters are oriented on a regular basis (as appropriate)			
Instructors annually review teaching methods and approaches				LEVEL 3			
STANDARD 6				Diabetes team integrates a consistent, coordinated approach to presenting diabetes facts within community, clinic and education programs. Evidence includes team minutes/discussion re: best practice, programming adjustments or revisions to reflect community needs (audit trends, tribal forums, etc.)			
LEVEL 1				STANDARD 8			
Instructors have or are updating knowledge and skills in diabetes in American Indian/Alaska Native communities, behavioral interventions, teaching/learning/counseling communication				LEVEL 1			
LEVEL 2				Individual educational needs assessment form is identified (includes information on medical history, cultural influences, health beliefs and attitudes, diabetes knowledge/skill, readiness to learn, preferred learning method, barriers to learning, family support and financial limitations)			
Instructors document CEU activity-minimum of 12hours/2yr in diabetes, behavioral interventions, teaching/learning or counseling/communication (based on professional discretion)				LEVEL 2			
LEVEL 3				The needs assessment is the basis for initial and ongoing written educational plan			
Ongoing diabetes updates, in-service training and professional CEU activity are documented				LEVEL 3			
STANDARD 7				Individual/family ongoing diabetes care needs are systematically addressed in case management or similar system			
LEVEL 1							
Curriculum and educational resources are identified and reviewed. Modifications are made to fit community needs							
Comments:							

		EVIDENCE		EVIDENCE	
		YES	NO	YES	NO
STANDARD 9				Program evaluation includes both behavioral and clinical indicators	
LEVEL 1				Program evaluation design allows for pre and post program measures	
Diabetes education forms are identified as part of the medical record				A process is in place for evaluating consumer satisfaction	
Instructors and coders are familiar with RPMS diabetes education codes			LEVEL 2		
Team agrees that SOAP charting is the education documentation method of choice			Team minutes document process used for evaluation and modifications made		
Program manual identifies policies and procedures regarding transfer of medical records			There is documentation/data of progress towards goals and objectives (2 clinical and 1 behavioral)		
LEVEL 2			There is evidence that action is taken as result of consumer review & evaluation		
All education is documented in medical record with needs assessment as basis for ongoing education			There is evidence of the appropriate advisory body review and input on outcomes, evaluation plan and program modifications		
LEVEL 3			LEVEL 3		
Medical records contain information regarding an individual's diabetes care and education			Medical records are reviewed annually using IHS Diabetes Care and Outcomes Audit or similar system. Educational indicators are expanded/modified annually (within facility capability)		
Team members use appropriate RPMS (or similar system) and coding for diabetes care and education			Community based programs have an annual program evaluation or surveillance system in place		
There is evidence of collaboration and coordination of medical record documentation needs among diabetes team			There is evidence that CQI data are shared with appropriate administrative, tribal and community leadership		
STANDARD 10				There is evidence that program evaluation/outcome results are used in annual program planning	
LEVEL 1					
Documentation of program goals and objectives includes desired program outcomes					
<i>Comments:</i>					